

Sheet 1 of 2

FORM PTO-1449 (REV. 7-80)		U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE		ATTY. DOCKET NO. KY-202		SERIAL NO. 10/849,056	
LIST OF DOCUMENTS CITED BY APPLICANT <i>(Use several sheets if necessary)</i>				APPLICANT R. INAGAKI			
				FILING DATE May 20, 2004		GROUP 2615	
U.S. PATENT DOCUMENTS							
*	EXAMINER INITIAL	DOCUMENT	DATE	NAME	CLASS	SUBCLASS	FILING DATE <i>(If Appropriate)</i>
	AA						
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
FOREIGN PATENT DOCUMENTS							
		DOCUMENT	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION YES NO
	AL	1-67818	5/1/89	Japan			<input type="checkbox"/> <input checked="" type="checkbox"/>
	AM	6-11090	2/9/94	Japan			<input checked="" type="checkbox"/> <input type="checkbox"/>
	AN	11-112239	4/23/99	Japan			<input checked="" type="checkbox"/> <input type="checkbox"/>
	AO	60-9312	1/22/85	Japan			<input type="checkbox"/> <input checked="" type="checkbox"/>
	AP	2-86305	3/27/90	Japan			<input checked="" type="checkbox"/> <input type="checkbox"/>
OTHER DOCUMENTS <i>(Including Author, Title, Date, Pertinent Pages, etc.)</i>							
	AR						
	AS						
	AT						
EXAMINER				DATE CONSIDERED			
<small>* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.</small>							

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	AJ						
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FOREIGN PATENT DOCUMENTS							
		DOCUMENT	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION YES NO
	AL	5-175738	7/13/93	Japan			<input checked="" type="checkbox"/> <input type="checkbox"/>
	AM	1-212906	8/25/89	Japan			<input checked="" type="checkbox"/> <input type="checkbox"/>
	AN	2003-60442	2/28/03	Japan			<input checked="" type="checkbox"/> <input type="checkbox"/>
	AO						<input type="checkbox"/> <input type="checkbox"/>
	AP						<input type="checkbox"/> <input type="checkbox"/>
OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, etc.)							
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EXAMINER				DATE CONSIDERED			
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